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DEPARTMENT OF STATE A/CDC/MR

REVIEWED BY [signature] DATE 3/9/84

RDS☐or XD3☐EXT. DATE _____
TS AUTH. _____ REASON(S) _____
ENDORSE EXISTING MARKINGS ☐
DECLASSIFIED/RELEASABLE☑
EXCISED AND DENIED☐
PA or FOI EXEMPTIONS _____

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